

TIME CONFLICT APPROVAL

STUDENT'S NAME : _____ **DATE :** _____

ID. NUMBER : _____

HAS PERMISSION TO ENROLL CONCURRENTLY IN:

1ST COURSE :

CRN #	SUBJ	CRSE	DAYS	TIMES	UNITS	INSTRUCTOR'S SIGNATURE

AND

2ND COURSE :

CRN #	SUBJ	CRSE	DAYS	TIMES	UNITS	INSTRUCTOR'S SIGNATURE

THIS FORM MUST BE SUBMITTED WITH ADD / DROP FORM TO :
REGISTRATION CENTER-SMITH HALL, ROOM 118

